

E

Form **941-X: Adjusted Employer's QUARTERLY Federal Tax Return or Claim for**
 (Rev. April 2022) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) **46-5750291**

Name (not your trade name) **ALLIANCE HOSPICE CARE LLC**

Trade name (if any) _____

Address **36 JACONNET STREET SUITE 105**
 Number Street Suite or room number

NEWTON **MA** **02461**
 City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Read the separate instructions before completing this form. Use this form to correct errors you made on Form 941 or 941-SS. Use a separate Form 941-X for each quarter that needs correction. Type or print within the boxes. You MUST complete all five pages. Don't attach this form to Form 941 or 941-SS unless you're reclassifying workers; see the instructions for line 42.

Return You're Correcting...

Check the type of return you're correcting.

☒ 941☐ 941-SS

Check the ONE quarter you're correcting.

☒ 1: January, February, March☐ 2: April, May, June☐ 3: July, August, September☐ 4: October, November, December

Enter the calendar year of the quarter you're correcting.

2021 (YYYY)**Enter the date you discovered errors.****09 / 30 / 2022**
(MM / DD / YYYY)**Part 1: Select ONLY one process. See page 6 for additional guidance, including information on how to treat employment tax credits and social security tax deferrals.**

- ☐ 1. **Adjusted employment tax return.** Check this box if you underreported tax amounts. Also check this box if you overreported tax amounts and you would like to use the adjustment process to correct the errors. You must check this box if you're correcting both underreported and overreported tax amounts on this form. The amount shown on line 27, if less than zero, may only be applied as a credit to your Form 941, Form 941-SS, or Form 944 for the tax period in which you're filing this form.
- ☒ 2. **Claim.** Check this box if you overreported tax amounts only and you would like to use the claim process to ask for a refund or abatement of the amount shown on line 27. Don't check this box if you're correcting ANY underreported tax amounts on this form.

Part 2: Complete the certifications.

- ☒ 3. I certify that I've filed or will file Forms W-2, Wage and Tax Statement, or Forms W-2c, Corrected Wage and Tax Statement, as required.

Note: If you're correcting underreported tax amounts only, go to Part 3 on page 2 and skip lines 4 and 5. If you're correcting overreported tax amounts, for purposes of the certifications on lines 4 and 5, Medicare tax doesn't include Additional Medicare Tax. Form 941-X can't be used to correct overreported amounts of Additional Medicare Tax unless the amounts weren't withheld from employee wages or an adjustment is being made for the current year.

4. If you checked line 1 because you're adjusting overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, check all that apply. You must check at least one box.
 I certify that:

- ☐ a. I repaid or reimbursed each affected employee for the overcollected federal income tax or Additional Medicare Tax for the current year and the overcollected social security tax and Medicare tax for current and prior years. For adjustments of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ b. The adjustments of social security tax and Medicare tax are for the employer's share only. I couldn't find the affected employees or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ c. The adjustment is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

5. If you checked line 2 because you're claiming a refund or abatement of overreported federal income tax, social security tax, Medicare tax, or Additional Medicare Tax, check all that apply. You must check at least one box.
 I certify that:

- ☐ a. I repaid or reimbursed each affected employee for the overcollected social security tax and Medicare tax. For claims of employee social security tax and Medicare tax overcollected in prior years, I have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ b. I have a written consent from each affected employee stating that I may file this claim for the employee's share of social security tax and Medicare tax. For refunds of employee social security tax and Medicare tax overcollected in prior years, I also have a written statement from each affected employee stating that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☐ c. The claim for social security tax and Medicare tax is for the employer's share only. I couldn't find the affected employees, or each affected employee didn't give me a written consent to file a claim for the employee's share of social security tax and Medicare tax, or each affected employee didn't give me a written statement that he or she hasn't claimed (or the claim was rejected) and won't claim a refund or credit for the overcollection.
- ☒ d. The claim is for federal income tax, social security tax, Medicare tax, or Additional Medicare Tax that I didn't withhold from employee wages.

Name (not your trade name) ALLIANCE HOSPICE CARE LLC	Employer identification number (EIN) 4 6 5 7 5 0 2 9 1	Correcting quarter 1 (1, 2, 3, 4) Correcting calendar year (YYYY) 2021
--------------------------------------------------------------------	----------------------------------------------------------------------	--------------------------------------------------------------------------------------------

Part 3: Enter the corrections for this quarter. If any line doesn't apply, leave it blank.

	Column 1 <i>Total corrected amount (for ALL employees)</i>	Column 2 <i>Amount originally reported or as previously corrected (for ALL employees)</i>	Column 3 <i>Difference (If this amount is a negative number, use a minus sign.)</i>	Column 4 <i>Tax correction</i>
6. Wages, tips, and other compensation (Form 941, line 2)				Use the amount in Column 1 when you prepare your Forms W-2 or Forms W-2c.
7. Federal income tax withheld from wages, tips, and other compensation (Form 941, line 3)				Copy Column 3 here . . .
8. Taxable social security wages (Form 941 or 941-SS, line 5a, Column 1)				$\times 0.124^* =$
				<small>* If you're correcting your employer share only, use 0.062. See Instructions.</small>
9. Qualified sick leave wages* (Form 941 or 941-SS, line 5a(i), Column 1)				$\times 0.062 =$
				<small>* Use line 9 only for qualified sick leave wages paid after March 31, 2020, for leave taken before April 1, 2021.</small>
10. Qualified family leave wages* (Form 941 or 941-SS, line 5a(ii), Column 1)				$\times 0.062 =$
				<small>* Use line 10 only for qualified family leave wages paid after March 31, 2020, for leave taken before April 1, 2021.</small>
11. Taxable social security tips (Form 941 or 941-SS, line 5b, Column 1)				$\times 0.124^* =$
				<small>* If you're correcting your employer share only, use 0.062. See Instructions.</small>
12. Taxable Medicare wages & tips (Form 941 or 941-SS, line 5c, Column 1)				$\times 0.029^* =$
				<small>* If you're correcting your employer share only, use 0.0145. See Instructions.</small>
13. Taxable wages & tips subject to Additional Medicare Tax withholding (Form 941 or 941-SS, line 5d)				$\times 0.009^* =$
				<small>* Certain wages and tips reported in Column 3 shouldn't be multiplied by 0.009. See Instructions.</small>
14. Section 3121(q) Notice and Demand—Tax due on unreported tips (Form 941 or 941-SS, line 5f)				Copy Column 3 here . . .
15. Tax adjustments (Form 941 or 941-SS, lines 7 through 9)				Copy Column 3 here . . .
16. Qualified small business payroll tax credit for increasing research activities (Form 941 or 941-SS, line 11a; you must attach Form 8974)				See instructions
17. Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 11b)				See instructions
18a. Nonrefundable portion of employee retention credit* (Form 941 or 941-SS, line 11c)	6162.91		6162.91	- 6162.91
				<small>* Use line 18a only for corrections to quarters beginning after March 31, 2020, and before January 1, 2022.</small>
18b. Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 11d)				See instructions
18c. Nonrefundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 11e)				See instructions
18d. Number of individuals provided COBRA premium assistance (Form 941 or 941-SS, line 11f)				
19. Special addition to wages for federal income tax				See instructions
20. Special addition to wages for social security taxes				See instructions
21. Special addition to wages for Medicare taxes				See instructions

Name (not your trade name) ALLIANCE HOSPICE CARE LLC	Employer identification number (EIN) 4 6 _ 5 7 5 0 2 9 1	Correcting quarter 1 (1, 2, 3, 4) Correcting calendar year (YYYY) 2021
--------------------------------------------------------------------	------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

Part 3: Enter the corrections for this quarter. If any line doesn't apply, leave it blank. (continued)

	Column 1 <i>Total corrected amount (for ALL employees)</i>	Column 2 <i>Amount originally reported or as previously corrected (for ALL employees)</i>	Column 3 <i>Difference (If this amount is a negative number, use a minus sign.)</i>	Column 4 <i>Tax correction</i>
22. Special addition to wages for Additional Medicare Tax	.	.	.	.
23. Combine the amounts on lines 7 through 22 of Column 4				- 6162.91
24. Deferred amount of social security tax* (Form 941 or 941-SS, line 13b)	.	.	.	.
* Use this line to correct the employer deferral for the second quarter of 2020 and the employer and employee deferral for the third and fourth quarters of 2020.				
25. Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 13c)	.	.	.	.
26a. Refundable portion of employee retention credit* (Form 941 or 941-SS, line 13d)	37419.09	.	37419.09	-37419.09
* Use line 26a only for corrections to quarters beginning after March 31, 2020, and before January 1, 2022.				
26b. Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 13e)	.	.	.	.
26c. Refundable portion of COBRA premium assistance credit (Form 941 or 941-SS, line 13f)	.	.	.	.
27. Total. Combine the amounts on lines 23 through 26c of Column 4				- 43582.00
If line 27 is less than zero: • If you checked line 1, this is the amount you want applied as a credit to your Form 941 or 941-SS for the tax period in which you're filing this form. (If you're currently filing a Form 944, Employer's ANNUAL Federal Tax Return, see the instructions.) • If you checked line 2, this is the amount you want refunded or abated. If line 27 is more than zero, this is the amount you owe. Pay this amount by the time you file this return. For information on how to pay, see <i>Amount you owe</i> in the instructions.				
28. Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 19)	.	.	.	
29. Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 (Form 941 or 941-SS, line 20)	.	.	.	
30. Qualified wages for the employee retention credit* (Form 941 or 941-SS, line 21)	62260.00	.	62260.00	
* Use line 30 only for corrections to quarters beginning after March 31, 2020, and before January 1, 2022.				
31a. Qualified health plan expenses for the employee retention credit* (Form 941 or 941-SS, line 22)	.	.	.	
* Use line 31a only for corrections to quarters beginning after March 31, 2020, and before January 1, 2022.				
31b. Check here if you're eligible for the employee retention credit in the third or fourth quarter of 2021 solely because your business is a recovery startup business				<input type="checkbox"/>
32. Credit from Form 5884-C, line 11, for this quarter* (Form 941 or 941-SS, line 23)	.	.	.	
* Use line 32 only for corrections to quarters beginning after March 31, 2020, and before April 1, 2021.				

Name (not your trade name) ALLIANCE HOSPICE CARE LLC	Employer identification number (EIN) 4 6 _ 5 7 5 0 2 9 1	Correcting quarter 1 (1, 2, 3, 4) Correcting calendar year (YYYY) 2021
--------------------------------------------------------------------	-----------------------------------------------------------------	------------------------------------------------------------------------------

Part 3: Enter the corrections for this quarter. If any line doesn't apply, leave it blank. (continued)

	Column 1 <i>Total corrected amount (for ALL employees)</i>	–	Column 2 <i>Amount originally reported or as previously corrected (for ALL employees)</i>	=	Column 3 <i>Difference (if this amount is a negative number, use a minus sign.)</i>
33a. Qualified wages paid March 13 through March 31, 2020, for the employee retention credit* (Form 941 or 941-SS, line 24)	.	–	.	=	.
	* Use line 33a only for corrections to the second quarter of 2020.				
33b. Deferred amount of the employee share of social security tax included on Form 941 or 941-SS, line 13b* (Form 941 or 941-SS, line 24)	.	–	.	=	.
	* Use line 33b only for corrections to the third and fourth quarters of 2020.				
34. Qualified health plan expenses allocable to wages reported on Form 941 or 941-SS, line 24* (Form 941 or 941-SS, line 25)	.	–	.	=	.
	* Use line 34 only for corrections to the second quarter of 2020.				

Caution: Lines 35–40 apply only to quarters beginning after March 31, 2021.

35. Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 23)	.	–	.	=	.
36. Qualified health plan expenses allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 24)	.	–	.	=	.
37. Amounts under certain collectively bargained agreements allocable to qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 25)	.	–	.	=	.
38. Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 26)	.	–	.	=	.
39. Qualified health plan expenses allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 27)	.	–	.	=	.
40. Amounts under certain collectively bargained agreements allocable to qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 (Form 941 or 941-SS, line 28)	.	–	.	=	.

Name (not your trade name)	Employer identification number (EIN)	Correcting quarter 1 (1, 2, 3, 4)
ALLIANCE HOSPICE CARE LLC	4 6 - 5 7 5 0 2 9 1	Correcting calendar year (YYYY) 2021

Part 4: Explain your corrections for this quarter.

- ☐ 41. Check here if any corrections you entered on a line include both underreported and overreported amounts. Explain both your underreported and overreported amounts on line 43.
- ☐ 42. Check here if any corrections involve reclassified workers. Explain on line 43.
43. You must give us a detailed explanation of how you determined your corrections. See the instructions.

FFCRA/CARES ADJUSTMENTS

Part 5: Sign here. You must complete all five pages of this form and sign it.

Under penalties of perjury, I declare that I have filed an original Form 941 or Form 941-SS and that I have examined this adjusted return or claim, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.



Sign your name here

Print your name here

Olga Vaserman

Print your title here

Member

Date

07/09/2023

Best daytime phone

Paid Preparer Use OnlyCheck if you're self-employed ☐

Preparer's name

Malak Tehfe

PTIN

P03064423

Preparer's signature

Date

06/30/2023

Firm's name (or yours if self-employed)

Malak Tehfe (Jun 30, 2023 10:23 EDT)
VRA Accounting Services, LLC

EIN

82-1533719

Address

30095 Northwestern Hwy, Ste 102

Phone

248-605-3000

City

Farmington Hills

State

MI

ZIP code

48334-3285